

N130000001449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

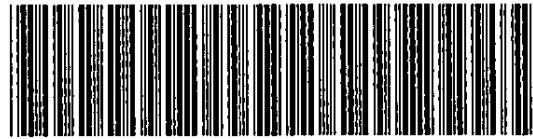
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1113-5112 MP 2/13

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: \_\_\_\_\_

*YNOT Inc.*

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_

*Jean-Tony Saint-Fleur*  
Name (Printed or typed)

*235 Apollo Beach Blvd # 128*  
Address

*Apollo Beach, FL 33572*  
City, State & Zip

*(813) 458-3123*  
Daytime Telephone number

*Saintfleurtony@gmail.com*  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2013

JEAN-TONY SAINT-FLEUR  
235 APOLLO BEACH BLVD., #128  
APOLLO BEACH, FL 33572

SUBJECT: YNOT INC.  
Ref. Number: W13000005602

We have received your document for YNOT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P03000028586 - YNOT, INC..

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 813A00002186

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: YNOT THINK INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

235 Apollo Beach Blvd #128  
Apollo Beach, FL 33572

Mailing address, if different is \_\_\_\_\_

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Our mission is to Provide Support  
Services to impoverished students of any Community  
in Haiti. We will accomplish this mission  
With Specialized Services and assistance from the  
Community, diaspora, and Sponsors.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Based on  
their knowledge of the Organization, experience, competency, reference, and passion  
to help further YNOT'S mission.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jean-Tony Saint-Fleur Name and Title: \_\_\_\_\_

Address: CEO / President Address: \_\_\_\_\_

910 15th St. NE  
Ruskin, FL 33570

Name and Title: Lourdine Joseph Name and Title: \_\_\_\_\_

Address: Senior Executive Vice Pres. Address: \_\_\_\_\_

P.O. Box 41611  
St. Petersburg, FL 33743

Name and Title: John G. Isaac Name and Title: \_\_\_\_\_

Address: Chief financial Officer Address: \_\_\_\_\_

5234 Jennings St  
Naples, FL 34113

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:

Jean-Tony Saint-Fleur

Address:

910 15th St. NE.  
Ruskin, FL 33570

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

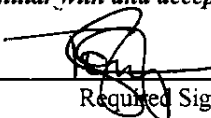
Name:

Jean-Tony Saint-Fleur

Address:

910 15th St. NE.  
Ruskin, FL 33570

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

02-07-13

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature of Incorporator

02-07-13

Date